

# PROBATE COURT OF CLERMONT COUNTY, OHIO

**GUARDIANSHIP OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

## GUARDIAN'S REPORT

R.C. 2111.49

**NOTE:** If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space. **(Each question must be completed)**

1. This is the (enter number): \_\_\_\_\_, Guardian's Report.
2. Ward's present address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_
3. Ward's living arrangements at the above address are best described as:  
☐ a. His or her own apartment or home (includes assisted living facilities).  
☐ b. Private home or apartment of:  
    ☐ the ward's guardian  
    ☐ a relative of the ward, whose name is \_\_\_\_\_ and relationship is \_\_\_\_\_  
    ☐ a non relative of the ward, whose name is \_\_\_\_\_  
☐ c. A foster, group or boarding home.  
☐ d. A nursing home.  
☐ e. A medical facility or state institution.  
☐ f. Other (describe) \_\_\_\_\_  
    g. If c, d, e, or f is checked, complete the following:  
        (1) The name of the home, facility or institution \_\_\_\_\_  
  
        (2) The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward.  
  
            Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
4. The ward will be at the address given in Item 2:  
☐ a. Indefinitely.  
☐ b. Temporarily. The new address and telephone number is:  
    ☐ (1) Unknown. I will provide this information when known.  
  
    ☐ (2) \_\_\_\_\_  
  
    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_
5. Guardian's contact with the ward:  
    a. Approximate number of times the guardian had contact with the ward during the period covered by this report: \_\_\_\_\_  
    b. The nature of those contacts (phone, personal, or other): \_\_\_\_\_  
    c. Date the ward was last seen by the guardian: \_\_\_\_\_

**PLEASE BE SURE TO COMPLETE THE BACK OF THIS FORM AND TO SIGN AND DATE IT ON THE BACK**  
**FORM GI17.7 - GI17.7IND - GUARDIANS REPORT - GI17.7E - ENTRY**

6. Have you observed any **major** change in the ward's physical or mental condition during the period covered by this report?

☐ Yes

☐ No

If yes is checked, briefly describe the changes. \_\_\_\_\_

\_\_\_\_\_ 7

7. The care given to the ward is

☐ Adequate

☐ Not Adequate

If Not Adequate is checked, explain. \_\_\_\_\_

\_\_\_\_\_ 8

8. The guardianship should be

☐ continued

☐ Not Continued

If Not Continued is checked explain. \_\_\_\_\_

\_\_\_\_\_ 9

9. During the period covered by this report, the ward ☐ has ☐ has not been seen by a physician. If the ward has been seen the last date was \_\_\_\_\_ and for the purpose of \_\_\_\_\_

\_\_\_\_\_

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(I) (Form 17.1a)]

**(Please make sure all of the items are completed and be sure to sign and date this form on the lines below)**

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Co-Guardians Signature (if any)

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone Date

\_\_\_\_\_  
Phone Date

**ENTRY**

The Guardians Report is hereby approved :

\_\_\_\_\_  
Judge